

**For Use in Reporting all SGL Circumstances Listed in 431 IAC 1.1-3-1 (b)
and all Circumstances Listed as Reportable in BDDS Policy and Procedures.**

SECTION I - CONSUMER INFORMATION (Subject # 1)

SSN: _____	NAME	LAST: _____	FIRST: _____
ADDRESS _____		CITY _____	ST _____ ZIP _____
DOB _____	COUNTY _____	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
SERVICE TYPE <input type="checkbox"/> SGL <input type="checkbox"/> HHA <input type="checkbox"/> HAB./VOC. <input type="checkbox"/> ICF/MR WAIVER <input type="checkbox"/> AUTISM WAIVER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> SCHOOL <input type="checkbox"/> SL <input type="checkbox"/> HHC <input type="checkbox"/> LP-ICF/MR <input type="checkbox"/> A&D WAIVER <input type="checkbox"/> OTHER WAIVER <input type="checkbox"/> CASE MGMT.			

SECTION II - ASSOCIATED PERSON (Subject # 2)

SSN (Optional): _____	NAME	LAST: _____	FIRST: _____
ADDRESS _____		CITY _____	ST _____ ZIP _____
DOB _____	EMPLOYER _____	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
RELATIONSHIP TO SUBJECT <input type="checkbox"/> ACQUAINTANCE <input type="checkbox"/> EMPLOYER <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> STRANGER <input type="checkbox"/> CLIENT, OTHER <input type="checkbox"/> FAMILY-GUARDIAN <input type="checkbox"/> STAFF, HAB/VOC <input type="checkbox"/> OTHER <input type="checkbox"/> CO-WORKER <input type="checkbox"/> HOUSEMATE <input type="checkbox"/> STAFF, RESIDENTIAL			

SECTION III - REPORTING PERSON - REPORTING AGENCY

NAME	LAST: _____	FIRST: _____	POSITION: _____	PHONE #: _____	EXTENSION: _____
DATE OF REPORT: _____		REPORTING AGENCY: _____		E-MAIL OF REPORTING AGENCY: _____	
INDIVIDUAL SUPERVISING AT TIME OF INCIDENT: _____			RESPONSIBLE SUPERVISORY PROVIDER: _____		

SECTION IV - INCIDENT INFORMATION

INCIDENT	DATE: _____	TIME: _____	SEVERITY OF CONDITION? <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE		
WHERE OCCURRED? <input type="checkbox"/> COMMUNITY <input type="checkbox"/> COMMUNITY JOB <input type="checkbox"/> COMMUNITY HAB. <input type="checkbox"/> FAC. HAB. ADL <input type="checkbox"/> WORKSHOP <input type="checkbox"/> HOME, OWN <input type="checkbox"/> HOME, FAMILY <input type="checkbox"/> SGL <input type="checkbox"/> SDC <input type="checkbox"/> HHA <input type="checkbox"/> HHC <input type="checkbox"/> NF <input type="checkbox"/> HOSPITAL <input type="checkbox"/> LP-ICF/MR <input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> SCHOOL					

INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUALS HAVE BEEN INFORMED:

APS/CPS? <input type="checkbox"/> YES <input type="checkbox"/> N/A	LEGAL GUARDIAN? <input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME _____	DATE _____
RES. PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> N/A	BDDS SC? (REQUIRED) <input type="checkbox"/> YES	NAME _____	DATE _____
HAB/VOC PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> N/A	CASE MANAGER? <input type="checkbox"/> YES <input type="checkbox"/> N/A	NAME _____	DATE _____
AAA ADMINISTRATIVE CASE MANAGER? <input type="checkbox"/> YES <input type="checkbox"/> N/A		NAME _____	DATE _____

THIS SECTION FOR BDDS CENTRAL OFFICE USE ONLY

DATE RECEIVED BY BDDS _____

ID# _____

7-DAY FOLLOW-UP REQUIRED? ☐

INDICATE WHO COMPLETES THE FOLLOW-UP:

Residential / Habilitation / Vocational Provider ☐

BDDS S. Coordinator ☐ Case Manager ☐

All Action Completed on: _____

Confidential

BDDS INITIAL INCIDENT REPORT

NARRATIVE

Details

(Please identify all participants and their involvement in the incident. Be comprehensive, indicating who, what, where, when, why, and how).

[illegible]

(Use additional blank pages, if required)

INCIDENT DATE

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(Please number all pages)

INDIVIDUAL'S NAME

Confidential

☐ 7-Day Follow-Up

Details

(Please identify all participants and their involvement in the follow-up to the incident. Be comprehensive, indicating who, what, where, when, why, and how).

[illegible]

INDIVIDUAL'S NAME

SSN

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ADULT PROTECTIVE SERVICES INCIDENT REPORTING

The following sets forth definitions and reporting requirements for Adult Protective Services (APS) per Indiana Code 12-10-3.

- IC12-10-3-2** (a) "Endangered Adult" is defined as an individual who is:
- (1) at least eighteen (18) years of age;
 - (2) incapable by reason of mental illness, mental retardation, dementia, habitual drunkenness, excessive use of drugs or other physical or mental incapacity, of managing or directing the management of the individual's property or providing or directing the provision of self-care; and
 - (3) harmed or threatened with harm as a result of:
 - (A) neglect;
 - (B) battery; or
 - (C) exploitation of the individual's personal services or property.
- (b) An individual is not an endangered adult solely:
- (1) for the reason that the individual is being provided spiritual treatment in accordance with a recognized religious methods of healing instead of medical treatment; if the individual were receiving medical treatment, or
 - (2) on the basis of being physically unable to provide self care when appropriate care is being provided.

IC12-10-3-9 Reporting Requirements

- (a) An individual who believes or has reason to believe that another individual is an endangered adult shall make a report under this chapter.
- (b) If an individual is required to make a report under this chapter in the individual's capacity as a member of the staff of a medical or other public or private institution, school, hospital, facility, or agency, the individual shall immediately notify the individual in charge of the institution, school, hospital, or agency, or the individual's designated agent, who also becomes responsible to report or cause a report to be made.

This section does not relieve an individual of the obligation to report on the individual's own behalf, unless a report has already been made to the best of the individual's belief.

IC12-10-3-10 Reports; communication; contents

- (a) Each endangered adult report made under this chapter shall be communicated immediately to at least one (1) of the following:
 - (1) The adult protective services unit;
 - (2) A law enforcement agency; and/or
 - (3) The division (DDARS) by telephone on the statewide toll free number established under section 12 of this chapter - 1-800-992-6978.
- (b) Reports must include as much of the following information as is known:
 - (1) The name, age and address of the endangered adult;
 - (2) The names and addresses of family members or other persons financially responsible for the endangered adult's care or other individuals who may be able to provide relevant information;
 - (3) The apparent nature and extent of the alleged neglect, battery, or exploitation and the endangered adult's physical and mental condition;
 - (4) The name, address, and telephone number of the reporter and the basis of the reporter's knowledge;
 - (5) The name and address of the alleged offender; and
 - (6) Any other relevant information regarding the circumstances of the endangered adult.

Additional information on the reporting process from APS

1. A report must be made on all allegations of rape, sexual misconduct or sexual exploitation regardless of whether the alleged perpetrator is an employee or a resident.
2. A report must be made on the death of a resident, regardless of cause.
3. A report must be made on allegations of staff to resident neglect, including the withholding of appropriate care, food, water and/or medication; battery, including inappropriate or unnecessary restraint (physical or chemical) and/or isolation; exploitation of services or finances; or theft of personal items.
4. A report must be made on allegation of resident to resident incidents that require the attention of a physician, i.e. splint/cast, stitches or other necessary medical treatment; the third and subsequent incidents involving a specific resident as a victim or perpetrator within a thirty (30) day period.



It is recognized that residents in group living arrangements will, like family members in a similar situation, have differences. It is also recognized that due to behavior abnormalities, there may be occasional altercations. However, behavior modification plans should be put in place to redirect such behavior. Should a facility not develop and implement effective behavioral modification plans, it may be considered to be neglecting a responsibility to its residents.

CHILD PROTECTION SERVICES INCIDENT REPORTING

The following sets forth definitions and reporting requirements for Child Protection Services (CPS) per the Indiana Code and CPS.

Incidents of suspected child abuse/neglect will be reported to the Division of Family and Children, Bureau of Family Protection, Institutional Child Protection Service or local Child Protective Services.

A "child" means:

- (1) a person under eighteen (18) years of age;
- (2) a person eighteen (18) through twenty (20) years of age who has been adjudicated a child in need of services before the child's eighteenth birthday.

Child abuse can take at least three different forms: physical abuse, neglect or sexual abuse. Physical abuse is a non-accidental physical injury to a child by a parent or caregiver which results in or threatens serious injury. A child may also be considered to be physically abused if the child is injured as a result of a parent or caregiver's failure to take appropriate action to prevent an injury. Neglect is the failure of a parent or caregiver to provide a child with adequate food, clothing, shelter, medical care, education or supervision. Sexual abuse is generally defined as any physical conduct with a child by an adult or other child in a position of power over the child for the sexual gratification of the adult or older child. Other terms for child sexual abuse include child exploitation, child molestation, incest or child pornography.

An individual who has reason to believe that a child is a victim of child abuse or neglect shall make a child abuse report. IC-31-33-5-1. The report shall be made to the Division of Family and Children, Bureau of Family Protection/Preservation immediately, day or night, by telephoning the toll free Institutional Child Protective Service Hot Line at 1-800-562-2407.

In addition to the duty to report to Child Protective Services, if the individual required to make report in the individual's capacity as a member of the staff of a public or private institution, school, facility, or agency, the individual shall immediately notify the individual in charge of the public or private institution, school, facility or agency.